



## NICOLAS ARIEL BROZZI

License Number: ME112044

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	07/01/1997
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

NICOLAS ARIEL BROZZI  
2950 CLEVELAND CLINIC BLVD  
BUILDING A, FLOOR 2  
WESTON, FL 33331

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA

### Email Address

Please contact at: [brozzin@ccf.org](mailto:brozzin@ccf.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	MEDICAL

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD DE BUENOS AIRES	MD	4/1/1990 - 2/1/1997	04/07/1997

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	OTHER	ADULT CARDIAC SURGERY	CLEVELAND	OHIO	07/01/2008	11/01/2010
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	TS - THORACIC SURGERY	AND CARDIOVASCULAR SURGERY	CLEVELAND	OHIO	07/01/2010	06/01/2011
HOSPITAL ITALIANO DE BUENOS AIRES	RESIDENCY	GS - SURGERY	THORACIC SURGERY	BUENOS AIRES	ARGENTINA	07/01/1997	06/30/2001
HOSPITAL ITALIANO DE BUENOS AIRES	RESIDENCY	CARDIAC SURGERY	VASCULAR SURGERY	BUENOS AIRES	ARGENTINA	07/01/2001	06/30/2005

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE PROFESSOR	FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE	MIAMI	FLORIDA
ASSOCIATE PROFESSOR	FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	FLORIDA

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Proceedings and Actions

Proceedings & Actions

## Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

## Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

## Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

## Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

CONTINUOUS MEDICAL EDUCATION

PEER REVIEW COMMITTEE

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
CASE 0-2013 COR TRIATRIATUM SINISTER PRESENTING IN ADULTHOO	J CARDIOTHORAC VASC ANESTH	12/16/2013
RENAL CELL CARCINOMA WITH EXTENSIVE CAVOATRIAL INVOLVEMENT	J HEART VALVE DIS	07/01/2013

Title	Publication	Date
ENDOSCOPIC RADIAL ARTERY HARVESTING PROCEDURE FOR CORONARY A	ANN CARDIOTHORAC SURG	07/01/2013
USE OF ANNULUS WASHER AFTER DEBRIDEMENT A NEW MITRAL VALVE	J THORAC CARDIOVASC SURG	06/01/2013
TRANSAPICAL ENDOVASCULAR ASCENDING REPAIR FOR INOPERABLE ACU	JACC CARDIOVASC INTERV	04/01/2013
INCIDENTAL PULMONARY EMBOLUS IN TRANSIT DURING LEFT VENTRICU	ANN THORAC SURG	03/01/2013
INVITED COMMENTARY	ANN THORAC SURG	01/01/2013
DONOR LUNGS WITH PULMONARY EMBOLISM EVALUATED WITH EX VIVO L	ASAIO J	07/01/2012
ENDOSCOPIC VERSUS OPEN RADIAL ARTERY HARVESTING FOR CORONARY	J CARDIOVASC SURG	04/01/2012
ENDOVASCULAR THERAPY FOR THORACIC AORTIC ANEURYSMS STATE OF	CURR TREAT OPTIONS CARDIOVASC MED	04/01/2012
MODERATE TRICUSPID REGURGITATION WITH LEFT- SIDED DEGENERATIV	ANN THORAC SURG	01/01/2012
SIMPLIFIED PERFUSION STRATEGY FOR REMOVING RETROPERITONEAL T	J THORAC CARDIOVASC SURG	05/01/2012
ENDOSCOPIC VERSUS OPEN RADIAL ARTERY HARVESTING FOR CORONARY	SCAND CARDIOVASC J	10/01/2011
IMPLANTATION TECHNIQUE AND EARLY ECHOCARDIOGRAPHIC PERFORMAN	ASAIO J	11/01/2010
SURGICAL MANAGEMENT OF SECONDARY TRICUSPID VALVE REGURGITATI	J THORAC CARDIOVASC SURG	06/01/2010

### Professional Web Page

[www.miamitransplant.com](http://www.miamitransplant.com)

### Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

### Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.